

TOWN LOGO USE APPLICATION

RETURN TO: TOWN ADMINISTRATOR
PO BOX 2002
210 E MAIN ST
BUENA VISTA. CO 81211
BVADMIN@BUENAVISTACO.GOV

Name of Entity:	Date:
Name of Authorized Applicant:	
Applicant Mailing Address:	
Applicant Physical Address:	
Telephone #	
Email:	
Please indicate the nature of your entity:	
☐ Governmental	☐ Non-Profit Organization
☐ Cooperative	For-Profit Business
☐ Educational Institution	Other:
5.4.	
Briefly describe the main objectives of your en	tity:
Indicate the purpose for which the logo will be	e used (promotion, fundraising, etc.):
Describe the event/program with which the logget market:	go will be associated, including your goals and tar-
Indicate the proposed duration/scope of distrik	oution of the materials that will utilize the logo:
If using the logo for fundraising, please outline	a summary budget of the proposed activities:
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